

Babes and boobs? Analysis of *JAMA* cover art

Jocalyn P Clark

Abstract

Objective To determine the representation of the sexes in *JAMA* cover art.

Design Review of 50 consecutive issues.

Setting *JAMA*, March 1997-March 1998.

Main outcome measures Numbers and nature of covers portraying men and women.

Results Of the 50 covers, 34 depicted humans. 15 depicted women, 13 men, and 6 were of mixed or indeterminate sex. 11 pictures of women included a child and five included nudity. One cover showed a man with a child (not as a father) and none depicted nudity. Men were depicted exclusively in authoritative roles.

Conclusions Much of the cover art gives strong messages about sexual stereotypes that are inappropriate in modern society. *JAMA* should consider reviewing its policy for choosing cover art.

Introduction

Since the 1960s *JAMA*, the journal of the American Medical Association, has featured various pieces of art rather than the conventional table of contents on its front page. "Cover art" distinguishes *JAMA* from the leading international general medical journals with which it strategically competes for market share. Medical journals have been urged to "preserve the basic elements that make them credible, even as many of the specific practices and the external appearance of these journals change,"¹ and the use of fine art provides an interesting example of how *JAMA* attempts to draw attention to itself and to "emphasize the humanities in medicine."² But are there other messages conveyed by cover art? Given that fine art is not just aesthetically moving but—like literature, music, the media, and other cultural products—makes statements that are often social, cultural, and political in nature, cover art demands a critical gaze.

Methods and results

I reviewed 50 consecutive *JAMA* issues (one year), starting with 19 March 1997. Of these 50 issues, 34 (68%) covers depicted human images; 15 presented female subjects, 13 presented male subjects, and six presented subjects of mixed or unknown sex. Of the 34 covers depicting humans, 25 (74%) presented stereotyped sex images—that is, women were predominantly positioned as "objects" (of desire) and men as (powerful, strong) "subjects." Five covers portrayed women working in traditional roles such as carers or cleaners and eight presented women with soft or white imagery as virginal, angelic, or sexualised figures. Women were depicted as submissive, with their eyes averted or gazing down, in 13 covers. Men, on the other hand, were depicted almost exclusively in authoritative roles, as religious,⁴ scholarly⁵, or military³ figures, with their eyes directly facing the viewer.

Of the 15 covers depicting women, 12 included babies and six showed nudity. In contrast, only one male image included a child and none contained nudity. In the cover depicting a man with a child, the man is not the child's father but its doctor. Babes and boobs were featured in 12 of the 50 covers.

Conclusions

Visual imagery associated with medical journals shapes our understanding of health and the human body. Images of babes and boobs in cover art emphasise women's sexual and domestic roles, representing women in traditional and stereotypical ways that undermine contemporary beliefs in the equality, autonomy, and status of women.^{3,4} These representations do not reflect women's contributions to the domains of science, medicine, and academia, which are frequently the focus of scientific reporting in the leading medical journals. Although O'Kelly's review of Western art history books showed sexual stereotypes in fine art throughout the Gothic, Renaissance, Baroque, and Modern art periods, 70% of fine art depicted male subjects.⁵

JAMA's traditional representation of women in cover art is in sharp contrast to its coverage of issues relating to women's health, which in this sample of 50 issues amounted to 29 original contributions, five editorials, and seven letters. Furthermore, seven items in these issues discussed domestic violence and its implications for health and medical care. The proportion of women graduates from medical schools

Department of Public Health Sciences, University of Toronto, Toronto, Canada M5S 1A8
doctoral candidate

Correspondence to: J P Clark, Centre for Research in Women's Health, Toronto, Canada M5G 1N8
j.clark@utoronto.ca

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Candidate for a *JAMA* cover? The main scene is based on Edouard Manet's *Déjeuner sur l'herbe* (1863). That painting has a naked woman in the foreground, but her position is now occupied by Michelangelo's Adam from the Sistine Chapel. In addition to the transposition of figures, there is an interesting transposition of faces: the face of Manet's missing *déjeuneriste* will be found on the right, and the woman's face that has replaced the man's on the left belongs to the token American by the name of Katherine Stenbridge Greene, originally painted by John Copley (1738-1815) in 1760. Further tasty flesh is visible in the forms of the man leaning against the tree, and the inspiration for the young men wrestling in the background comes from Frédéric Bazille's (1841-1870) *Scène d'été* painted in 1869. This unfinished painting is thought to be by the little known London artist Malcolm Willett (b 1960)

What is already known on this topic

JAMA has used art on its covers since the 1960s

Much art depicts men and women in stereotypical roles

What this paper adds

Two thirds of *JAMA* covers over one year depicted humans

Women were mostly shown in traditional caring roles or in sexualised images

Men were portrayed in authoritative roles

Use of art which shows sexual stereotypes on covers seems incompatible with the heightened sensitivity to social issues in medicine

is approaching 50%,⁶ and the profile of sex and inequity issues in medicine is increasing.^{7,8} Critical discussion of the physician-patient relationship is also burgeoning,^{9,10} and medical journals have broadened their mandates and scientific and editorial content to include social and political dimensions of health.¹¹⁻¹³

The stereotypical representations of the sexes in this one year sample of *JAMA* covers seems to detract from the stated social responsibility of medical journals. Although it is said that you cannot “judge a book by its cover,” cover art seems to provide provocative visual imagery each week for *JAMA*'s diverse and international readership. *JAMA* is widely circulated to a diverse readership and its promotion of scientific excellence implies a critical review of all material published in its pages. It would be of benefit to see a more

thoughtful and balanced representation of women on the front page, reflecting growing scientific coverage of and concern with women's health and social issues.

This report was originally submitted to *JAMA* as a letter to the editor. After nine months of evaluation and peer review it was rejected.

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**We invited *JAMA* to comment, but Dr Therese Southgate, who is responsible for *JAMA*'s covers, declined to respond.

Commentary: An inconclusive study

Elaine Showalter

Department of English, Princeton University, Princeton, NJ 08544, USA
Elaine Showalter
professor of English
elaines@princeton.edu

In the 1960s, after more than 80 years of placing the table of contents on its cover, *JAMA* began featuring various works of art on its cover. In the 1970s Therese Southgate, the *JAMA* deputy editor, acquired the task of choosing the cover art and writing an accompanying essay about the artist and the work. Dr Southgate wrote: “As distant as the two notions—medicine and art—may at first seem, they do share a common goal; the goal of completing what nature has not. Each is an attempt to reach the ideal, to complete what is incomplete, to restore what is lost.”¹¹ Since 1974, Southgate has chosen the art for more than 1000 *JAMA* covers and has written more than 500 essays and supervised another 350. *JAMA*'s former editor, George Lundberg, wrote that one of the journal's objectives is to “inform readers about nonclinical aspects of medicine and public health, including the political, philosophic, ethical, legal, environmental, economic, historical, and cultural. Our *JAMA* art covers and cover stories help us meet that objective every week. In fact, they formed the beginning of our whole *JAMA* initiative to emphasize

the humanities in medicine, and we now include essays, poems, and historical accounts nearly every week.”¹¹

The idea of furthering the humanities in medicine is the ideology elucidated by the cover art; the pictures do not imply a political or a social commentary. Certainly, the Japanese woodblock print titled “Lady” (August 1998)—an elaborate, beautiful print of a Japanese geisha—does not imply that *JAMA* is a proponent of professional courtesans. The essays contextualising each cover picture do not support Clark's allegation that women are represented in “traditional and stereotypical ways that undermine contemporary beliefs in the equality, autonomy, and status of women.” Dieric Bouts' “Mater Dolorosa” (20 January 1999) is a painting of a weeping Madonna—it is difficult to criticise this selection for emphasising women's sexual and domestic roles. Similarly, it seems hypercritical to disapprove of placing Raffaello's masterpiece “The School of Athens” on the cover because it presents men like Plato and Aristotle as dominant and scholarly figures of authority.

Perhaps the author should examine what criteria are used when cover art is selected by *JAMA* and make specific recommendations for evaluation. The statistics would have much more credibility if a larger base of examples (perhaps starting with the 1960s) was used, particularly if some type of trend was noticed.

The terminology of the paper could be better defined—what specifically are “stereotyped sex

images”? What would be a good or healthy ratio of such stereotyped images? (The paper cites 74% of the cover art depicting humans as presenting stereotyped sex images.) I would also recommend using pejorative adjectives only when each one conveys something significant and different and can be specifically evidenced.

1 The art of *JAMA*. *Science News Update*. 1996 Oct 30.

Alliteration in medicine: a puzzling profusion of p’s

Gregory F Hayden

Abstract

Problem Puzzling, progressive profusion of alliterative “p’s” in published papers.

Purpose To depict this particular “p” predominance with pinpoint precision.

Plan Periodic, painstaking perusal of periodicals by a professor of paediatrics.

Proposal The “p” plethora is positively perplexing and potentially perturbing.

Alliteration is a literary device consisting of repetition of the same starting sound in several words in a sentence.¹ Consider, for example, Shakespeare’s playful parody of alliteration in Peter Quince’s prologue in *A Midsummer Night’s Dream*:

“Whereat with blade, with bloody blameful blade,
He bravely broach’d his boiling bloody breast.”

Alliteration has appeared frequently in the medical literature—for example: “Respiratory syncytial virus—from chimps with colds to conundrums and cures;”² “The choreas: of faints, fevers, and families;”³ “Coronary artery stents—gauging, gorging, and gouging;”⁴ “Moschowitz, multimers, and metalloprotease;”⁵ “Alagille syndrome: a nutritional niche for Notch;”⁶ “Theodor Billroth: success with sutures and strings.”⁷

Perusing the medical literature with alliteration in mind, I have become perplexed by a peculiar propensity for the letter “p” to be placed in prominent positions. Consider for a moment the alliterative content of the *BMJ*, a prestigious periodical also published in Pakistani, Polish, and Portuguese. Perhaps the prime example is a piece entitled “A potpourri of parasites in poetry and proverb,”⁸ but the journal has presented articles addressing such topics as paracetamol poisoning,⁹ practitioners’ pressure to prescribe,¹⁰ physicians’ partnerships with patients,¹¹ partnerships for prevention in public playgrounds,¹² and pregnancy outcomes which have been persistently poor.¹³ Other topics have included patients’ priorities,¹⁴ the political process of puzzling out private versus public priorities,¹⁵ and the ponderous problem of whether the priorities in apportioning resources should be primarily pragmatic or principally principled.¹⁶

In pursuing this plethora of “p” further, it becomes apparent that this predominance extends past paper titles to many other aspects of medicine. The purpose of this paper is to point this puzzling phenomenon of “p” profusion to the attention of practising physicians.

Methods

I used no scientific search strategy but collected examples piecemeal over several years. I am a primary care paediatrician with a small private practice, so I have a natural penchant for perusing paediatric papers. Please pardon this paediatric predominance. Pathologists, pulmonologists, and other practitioners are invited to provide examples from their particular fields. I would prefer you to participate by post.

For the purposes of this paper, alliteration is defined as occurring when the same sound starts several words of a sequence. Internal alliteration is a “soundalike,” whereby the same sound starts syllables within a word (for example, polyposis or parapertussis). Visual alliteration is a “lookalike,” whereby successive words or syllables start with the same letter but with different sounds (for example, popliteal pterygium or pneumonic plague). This is only literally alliterative, but a pleasing abbreviation may be used, such as referring to a physician parent as a “PP.”¹⁷ Non-visual alliteration occurs when successive words or syllables start with the same sound but with a different letter (for example, nosocomial pneumonia or pseudocyesis). In compiling the list of two-p sequences, I excluded: single words with internal alliteration; two-word sequences with visual alliteration; and “impure” sequences in which two “p’s” were preceded, followed, or interrupted

Department of
Pediatrics,
Children’s Medical
Center of the
University of
Virginia,
Charlottesville,
VA 22908, USA
Gregory F Hayden
professor
gfh@virginia.edu

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DOLLY THOMPSETT